

01/25/02
JC904 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney	7138-1																								
		First Inventor	Brooks, Shan L.																								
		Title	TOURNIQUET SYSTEM																								
		Express Mail Label No.	EL649719791US																								
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231																									
<div>1 <input checked="" type="checkbox"/> Fee transmittal Form (Submit an original and a duplicate for fee processing)</div> <div>2 <input checked="" type="checkbox"/> Specification (Total <input type="text" value="16"/> (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed Sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>3 <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets <input type="text" value="5"/> 4. Oath or Declaration (Total Pages <input type="text" value="2"/> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior Application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5 <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</div> <div>6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <input type="checkbox"/> Computer readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement Verifying identity of above</div> <div>ACCOMPANYING APPLICATION PARTS 8 <input type="checkbox"/> Assignment Papers (cover sheet & documents) 9 <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee) <input type="checkbox"/> Power of Attorney 10 <input type="checkbox"/> English Translation Document (if applicable) 11 <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12 <input type="checkbox"/> Preliminary Amendment 13 <input checked="" type="checkbox"/> Return receipt postcard (MPEP 503) (Should be specifically itemized) 14 <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application 15 <input type="checkbox"/> Status still proper and desired 15 <input type="checkbox"/> Certified copy of priority Document(s) (if foreign priority is claimed) 16 <input type="checkbox"/> Other: * A newstatement is required to pay small entity fees, except where one has been filed in a prior application and is being relied upon</div> <div>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no. _____ Prior application information: _____ Group/Art Unit: _____</div> <div>18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label)</div> <div><table><tr><td>NAME</td><td colspan="5">Akerman, Senterfitt & Fidson, P.A.</td></tr><tr><td>ADDRESS</td><td colspan="5">Post Office Box 3188</td></tr><tr><td>CITY</td><td>West Palm Beach</td><td>STATE</td><td>FL</td><td>ZIP CODE</td><td>33402-3188</td></tr><tr><td>COUNTRY</td><td>USA</td><td>TELEPHONE</td><td>561/653-5000</td><td>FAX</td><td>561/653-5333</td></tr></table></div>				NAME	Akerman, Senterfitt & Fidson, P.A.					ADDRESS	Post Office Box 3188					CITY	West Palm Beach	STATE	FL	ZIP CODE	33402-3188	COUNTRY	USA	TELEPHONE	561/653-5000	FAX	561/653-5333
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Name	Mark D. Passler	Registration No.	40,764
Signature		Date	1/25/02

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application Number

Filing Date

First Named Inventor

Brooks, Shan L.

Examiner Name

Group Art Unit

Attorney Docket No.

7138-1

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-0951

Deposit
Account
Name

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status
See 37 CFR 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 370.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** =	X	
2	-3** =	X	
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Name (Print/Type)

Mark D. Passler

Registration No.
(Attorney/Agent)

40,764

Complete (if applicable)

Telephone

(561) 653-5000

Signature

Date

1/25/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Express Mail Label EL649719791US

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